

**CHOP
FAMILY PRESENCE
EMERGENCY DEPARTMENT GUIDELINES**

Originated 10/02
Revised 10/08

SUBJECT: Family Presence During Invasive Procedures and/or Resuscitation

PURPOSE: To assure that the patients and families' emotional and psychosocial as well as physical needs are met according to the philosophy of family-centered care.

PHILOSOPHY: Families play an integral role in the health and well being of the patient. Supporting and integrating the family into the emergency care process is vital to meeting the full spectrum of the patient's needs. Family participation promotes collaborative relationships among the health care professionals, the patient and the family. Family presence (FP) reduces the patient and the family's sense of helplessness and anxiety level. In the case of death, family presence can facilitate the grieving process by bringing a sense of reality to the treatment efforts and the patient's clinical status. Knowing that everything possible was done and witnessing the resuscitative efforts can help families to better cope with their loss.

ACTION: At the discretion of the ED attending and the trauma chief, family members will be offered the option to be present in the treatment room during invasive procedures and/or resuscitation in accordance with the provisions/instructions stated below.

DEFINITIONS:

1. **Invasive Procedure:** Any intervention that involves manipulation of the body and/or penetration of the body's natural barriers to the external environment. This even includes "minor" procedures such as IV placement, urinary catheterization, suturing, fracture reduction, lumbar punctures, etc.
2. **Resuscitation:** A sequence of events, including invasive procedures, which are initiated to sustain life and/or prevent further deterioration of the patient's condition.
3. **Family:** A person with an established relationship with the patient (relative, caregiver, significant other, etc.).
4. **Family Presence:** The attendance of family members in a location that affords visual or physical contact with the patient during invasive procedures or resuscitation.
5. **Family Support Person:** A staff member, who is trained in the process of explanation of medical care, and assessment, preparation, and support of families during presence. The FSP has no direct patient care responsibility, and is assigned exclusively to assist the family. The designated family support person in order of preference: Social worker, nursing supervisor.
6. **Health Care Providers:** Health care providers involved in the direct care of the patient, including physicians, nurses, consultants and technicians.

STAFF RESPONSIBILITIES:

A. Family Support Personnel:

a) Prior to patient's arrival:

- Inquire about patient's status and anticipated interventions
- Prepare the space where family members will stay

b) Patient and Family Assessment:

Assessment of the patient and the family's desires and needs should be initiated promptly outside the resuscitation room:

- Communicate known information about the patient's status to the family
- Assess the family's reaction:
 - i. Acceptable behaviors for Family Presence:
 - Quiet
 - Distressed, crying but consolable
 - Distracted but able to focus and answer questions
 - Anxious or angry but cooperative and follows instructions
 - ii. Worrisome behaviors:
 - Uncooperative
 - Physically aggressive, combative
 - Threatening and argumentative
 - Extremely unstable emotionally, hysterical, loud and cannot be redirected or calmed
 - Altered mental status, intoxicated

A family member's ability to participate can progress or regress throughout their presence in the ED. Continuous assessment and intervention are critical for the success of Family Presence.

- Assess the family's desire/willingness to participate and obtain their consent (document in the chart that verbal consent was obtained after the family has been assessed based on these guidelines)
- Assess the family's comfort with being present and previous experiences with similar situations (blood draws, procedures performed on a loved one etc.)
- Inform the health care providers of the family's arrival and request to be present in the treatment area
- Offer and provide comfort measures to the family

Being present during invasive procedures or resuscitation is not something all families want. Patients who choose not to have family members present, or family members who desire not to participate must be supported in their decision without judgment.

c) **Preparation of the Patient and Family:**

1. **Prior to entering the treatment room:**

Families should be told:

- 1) That up to 2 family members may enter the room at one time
- 2) Where they will stand/sit initially: near the registrar, a few feet away from the patient's stretcher and the trauma team. This will provide the team easy access to the family to share medical / registration info, keep the family out of the crowded patient care area, and provide the family with an adequate view of the patient
- 3) When they will be able to move to the bedside:
 - At the completion of the secondary survey (around the same time X-rays are taken). In case of doubt, the FSP should check with the attending physician / trauma surgeon.
 - At the request of the attending physician to calm a stable but anxious child, but never before the completion of the primary survey
- 4) That they may leave the room if they feel the need to step out, and that they are welcome to reenter
- 5) Why they may be **asked to step out of the room:**
 - i. At the request of the direct care providers and for any reason
 - ii. Obstruction of care: violent behavior, uncontrolled outbursts, etc.
Security will join the FSP in moving the family out of the treatment area.
 - iii. Need for medical assistance: fainting, chest pain, etc.
In this case a medical provider not involved in the care of their child will assist them.

2. **In the treatment room:**

During resuscitation situations, the family must be clearly informed of the status of their loved one and be prepared for the interventions that are in progress:

- Explain the procedures being performed
- Potential responses the patient may exhibit
- Explain the patient's role during the procedure (i.e. holding still etc.)
- Family members' role in providing comfort and reassurance
- Interpret medical jargon
- Provide opportunity to ask questions and clarify details: The FSP should mainly describe the procedures performed. The physicians will explain indications and outcomes.

B. Health Care Providers:

- a) Communicate with the family support person known information about the patient's status and anticipated plan of care
- b) The ED attending physician and the trauma chief will retain the option to allow the family to enter the treatment room or be escorted away from the bedside and/or out of the room for any reason if deemed necessary
- d) Accommodations to bring the family to the bedside will be made as soon as possible, even if only briefly.

1. ED attending physician:

- Acts as liaison with the family support person to assist in bringing family members to the treatment area.
- Coordinates family presence with other physicians involved (i.e. residents, trauma, critical care, orthopedics, neurosurgery, etc.)
- Notifies family of outcome of procedures and/or resuscitation as soon as practical.
- Informs the patient and family of subsequent events

2. Nursing Supervisor:

- Assures social worker contacted for resuscitation situations.
- Acts as the family support person until social worker arrives.
- Provides the family support person with clinical information and helps answering questions

C. All care providers:

- a) Interact with the family as soon as practical
- b) Address the patient by name
- c) Offer and provide comfort measures: Assist the family in making phone calls, provide a place to sit down, water, tissues, etc.
- d) Review with the family the procedures done, answering questions and clarifying details
- e) Use terminology appropriate to the person's level of understanding
- f) Provide opportunities for the family to see and speak with the patient prior to leaving the ED
- g) Provide for patient and family privacy

DEPARTMENTAL AND SITUATIONAL CONSTRAINTS

Each treatment situation will be assessed individually for constraints and/or special circumstances.

- a) **During resuscitation, a family support person must always remain with the family in the treatment area.** During invasive procedures, the direct care providers will assign a family support person as needed.
- b) Family members who exhibit behaviors that may obstruct care, will be restricted from the treatment room during that time. Security personnel will assist the family support person in escorting the family away.
- c) Certain families will express their opinion about the need to continue or stop the resuscitation:

If it is a chronically ill child who has a known Do Not Attempt Resuscitation (DNAR) status, we will comply with that request. Otherwise resuscitation efforts will be initiated at the discretion of the ED attending physician until further clarification of the patient's status is obtained. Family members will be escorted out of the room if they obstruct care.

If the attending physician believes that further resuscitative efforts are futile, then the resuscitation will end, even if the parents are requesting otherwise.

- d) Certain procedures require extra personnel, which may restrict the space available for family members. When space is critically limited, it may be necessary to limit the number of family members to one at a time, or ask the family to step out temporarily.
- e) When multiple patients need the resuscitation room simultaneously, family members may not be allowed in the room. Accommodations to bring the family to the bedside will be made as soon as practical, even if only briefly.
- f) Certain family members may need an interpreter. If space is not limited, a 3rd person may be allowed in the room.

WHEN DEATH HAS ALREADY OCCURRED PRIOR TO FAMILY ARRIVAL

- Inform the family of the situation in clear language
- Facilitate the family's viewing of the body
- Provide as much time as the family needs
- Offer the family time alone with their loved one
- Complete paperwork and procedures (i.e. death packet, notification of the Gift of Life Program and the medical examiner) prior to the family's departure from the ED. Let the family know when all paperwork and procedures are completed, and that it's OK to leave
- Include family support person when requests for tissue/organ donation, and autopsy are made
- Provide family with information concerning the disposition of the body
- Provide bereavement packet for family
- Initiate and coordinate family bereavement follow up

CLOSURE

- Participate in staff debriefing immediately following the event
- Identify need for critical incident stress debriefing at a later time
- Provide follow up regarding how family presence impacted you

FAMILY SUPPORT RESOURCES

For further assistance, questions or comments please contact:

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